| PATENT | APPLICA | ATION F | EE DET | ERMINATION | RECORD |
|--------|---------|---------|--------|------------|--------|
|        |         |         |        |            |        |

Effective January 1, 2003

Application or Docket Number

|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     |                                           |             | , ,, _,      |                                 |                  |           |                     |                        |           |                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------|--------------|---------------------------------|------------------|-----------|---------------------|------------------------|-----------|---------------------|------------------------|
| CLAIMS AS FILEI<br>(Colu                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                     |                                           |             |              | (Colur                          | mn 2)            |           | SMALL EN            | TITY                   | OR        | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                     | 8,                                        |             |              |                                 |                  | RATE      | FEE                 | ]                      | RATE      | FEE                 |                        |
| FOR                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                     | NUMBER FILED                              |             | NUMBER EXTRA |                                 |                  | BASIC FEE | 375.00              | OR                     | BASIC FEE | 750.00              |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                     | minus 20=                                 |             | . 0          |                                 |                  | X\$ 9=    |                     | OR                     | X\$18=    |                     |                        |
| INDEPENDENT CLAIMS                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                     |                                           | minus 3 =   |              | 0                               |                  |           | X42=                |                        | OR        | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESEN                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     |                                           | RESENT      |              |                                 |                  |           | +140=               |                        | OR        | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                        |                                                                                                                                                                                                                                                                                                                                                                     |                                           |             |              |                                 | TOTAL            |           | OR                  |                        | 750       |                     |                        |
| CLAIMS AS AMENDED - PART II  2-25-05 (Column 1) (Column 2) (Column 3)                                                           |                                                                                                                                                                                                                                                                                                                                                                     |                                           |             |              |                                 | SMALL E          | ENTITY    | OR                  | OTHER<br>SMALL         | THAN      |                     |                        |
| AMENDMENT A                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             |              |                                 | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON                                                                                                                             | Total ·                                                                                                                                                                                                                                                                                                                                                             | * 8                                       | Minus       | *            | 20                              | =                | •         | X\$ 9=              | 1                      | OR        | X\$18=              | 1                      |
| AME                                                                                                                             | Independent                                                                                                                                                                                                                                                                                                                                                         | *                                         | Minus       | *** 0        | 3_                              | =                |           | X42=                |                        | OR        | X84=                |                        |
|                                                                                                                                 | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                         | NTATION OF M                              | ULTIPLE DEI | PENDEN       | TCLAIM                          |                  | ]         | +140=               |                        | OR        | +280=               |                        |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     |                                           |             |              |                                 |                  |           | TOTAL<br>ADDIT, FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |             | (Colu        | mn 2)                           | (Column 3)       | L         |                     |                        | _         |                     |                        |
| AMENDMENT B                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                                                                                                                             | Total                                                                                                                                                                                                                                                                                                                                                               | *                                         | Minus       | **           |                                 | =                | 1         | X\$ 9=              |                        | OR        | X\$18=              |                        |
| AME                                                                                                                             | Independent                                                                                                                                                                                                                                                                                                                                                         | *                                         | Minus       | ***          | T () A () A                     | <u> -</u>        | 4         | X42=                |                        | OR        | X84=                |                        |
|                                                                                                                                 | PHST PHESE                                                                                                                                                                                                                                                                                                                                                          | NTATION OF M                              | ULTIPLE DE  | PENDEN       | 1 CLAIM                         |                  | J         | +140=               |                        | OR        | +280=               |                        |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     |                                           |             |              |                                 |                  |           | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |             |              | ımn 2)                          | (Column 3        | <u>)</u>  |                     |                        |           |                     |                        |
| AMENDIMENT C                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | NU!<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONA<br>FEE  |
| Š                                                                                                                               | Total                                                                                                                                                                                                                                                                                                                                                               | *                                         | Minus       | **           |                                 | =                | _         | X\$ 9=              |                        | OR        | X\$18=              |                        |
| WE WE                                                                                                                           | Independent                                                                                                                                                                                                                                                                                                                                                         | *                                         | Minus       | ***          |                                 | ]=               | 1         | X42=                |                        | OR        | X84=                | 1                      |
| ╠                                                                                                                               | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                         | NTATION OF M                              | IULTIPLE DE | PENDEN       | IT CLAIN                        |                  | j         | +140=               |                        | OR        |                     |                        |
| -                                                                                                                               | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, nter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                           |             |              |                                 |                  |           |                     |                        |           |                     |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest numb r found in the appropriate box in column 1. |                                                                                                                                                                                                                                                                                                                                                                     |                                           |             |              |                                 |                  |           |                     |                        |           |                     |                        |